MDR Tracking Number: M5-05-1830-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-1-05.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, neuromuscular re-education, and manual therapy was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only issue involved in this medical dispute. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 9-15-04 to 11-13-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of April 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

April 7, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-05-1830-01
CLIENT TRACKING NUMBER: M5-05-1830-01 5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and

documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:

RECORDS RECEIVED FROM THE STATE:
Notification of IRO Assignment dated 3/24/05, 8 pages

RECORDS RECEIVED FROM ATLANTIS HEALTHCARE:
Summary of injury, treatment from Todd Petersen DC dated 3/30/05, 2 pages
Clinic visit note from John Payne DO dated 3/16/04, 3 pages
Operative report dated 4/28/04, 2 pages
Summary of charges/services, undated, 1 page
Letter from Kristen Pierson with Corvel dated 3/1/05, 1 page
Request for reconsideration dated 12/15/04, 1 page
Exception Processing Notification dated 2/14/05, 1 page
Explanation of Benefits, several dates, 8 pages
HCFA billings, 3/16/04-5/7/04, 9 pages
Clinical SOAP notes, 3/16/043/23/04, 3/30/04, 4/13/04, 5/5/04, 5/7/04, 15 pages

Summary of Treatment/Case History:

Patient is a 41-year-old restaurant cleaning representative who, on ___, injured her lower back. Specifically on that date, after replacing new mop heads, she bent over to pick up the old wet ones (collectively weighing approximately 20 pounds) and felt a "pull" and a sharp pain in her lower back and into her lower extremities. She was initially treated by the company doctor, but eventually began with a doctor of chiropractic on 1/4/04. After receiving conservative chiropractic care, her response was limited, so she was referred to a neurosurgeon who performed right SI and lumbar facet blocks, followed by post-injection therapy.

Questions for Review:

DOS 5/5/04 – 5/7/04:
1. Were the therapeutic exercises (#97110), manual therapy techniques (#97140), established patient office visits, level III (#99213), electrical stimulation, unattended (#G0283), and mechanical traction (#97012) from 05/05/04 through 05/07/04 medically necessary to treat this patient's injury?

Explanation of Findings:

1. Were the therapeutic exercises (#97110), manual therapy techniques (#97140), established patient office visits, level III (#99213), electrical stimulation, unattended (#G0283), and mechanical traction (#97012) from 05/05/04 through 05/07/04 medically necessary to treat this patient's injury?

No. Expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. If treatment does not produce the expected positive results, it is not reasonable to continue that course of treatment. In this case, there was insufficient documentation of objective or functional improvement in this patient's condition without evidence of a change in the patient's treatment plan to justify additional treatment. Specifically, only references to "decreased ROM" – without specific measurements of the decrease – were given, making it impossible to determine when and if motion increased as a result of the treatment given.

In addition, there was no evidence to support the need for continued monitored therapy. Services that do not require "hands-on care" or supervision of a health care provider are not considered medically necessary services even if they were performed by a health care provider.

Continuation of an unchanging treatment plan, performance of activities that could have been performed as a home exercise program and/or modalities that provide the same effects as those that can be self applied are not indicated. On the most basic level, the provider failed to establish why the services were required to be performed one-on-one when current medical literature states, "…there is no strong evidence for the effectiveness of supervised training as compared to home exercises." Any gains obtained in this time period would have likely been achieved through performance of a home program.

And finally, documentation from the treating doctor of chiropractic in this case was globally insufficient since the medical records appeared reproduced and "canned." In general, most computerized documentation, regardless of the software used, fails to provide individualized information necessary for adequate status assessment. The Centers for Medicare and Medicaid Services (CMS) has stated, "Documentation should detail the specific elements of the chiropractic service for this particular patient on this day of service. It should be clear from the documentation why the service was necessary that day. Services supported by repetitive entries lacking encounter specific information will be denied." In this case, there was insufficient documentation to support the medical necessity for the treatment in question since the computer-generated daily progress notes were essentially identical for each date of service.

Conclusion:
In this case, there was insufficient documentation of objective or functional improvement in this patient's condition without evidence of a change in the patient's treatment plan to justify additional treatment.

References Used in Support of Decision:
Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28 (3):209-18.

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of

licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.
MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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